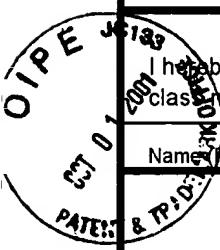


1635

CERTIFICATE OF MAILING



I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231.

Name (Print/Type)	Cindy Hoang	Signature	<i>Cindy Hoang</i>	Date	09-27-2001
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Application Number	09/616,223
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Confirmation Number	7019
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Filing Date	July 14, 2000
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First Named Inventor	NADEL
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Examiner	J. Zara
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Group Art	1635
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Attorney Docket No.	UCSF085CIE
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TRANSMITTAL

<input type="checkbox"/> Small Entity	<input checked="" type="checkbox"/> Large Entity
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ENCLOSED:

	Claims	No. of claims as filed or after amendment	Most claims previously paid for	# Extra Claims	Rate	Total
<input type="checkbox"/> Amendment Under Rule	Total				\$	-
<input type="checkbox"/> 37 CFR § _____	Independent				\$	-
<input type="checkbox"/> Pages _____	Multiple					
Total Extra Claim Fees					\$	-

<input type="checkbox"/> Applicants Petition for an Extension of time from _____ to _____	A _____ month extension was previously filed and paid for thereby reducing the basic fee	Fee _____
---	--	-----------

<input type="checkbox"/> Response to File Missing Parts (with copy of formalities letter)		
---	--	--

<input type="checkbox"/> Filing Fee	Fee _____
<input type="checkbox"/> Executed Declaration	Pages _____ Surcharge Fee _____
<input type="checkbox"/> Other _____	Fee _____
_____	Fee _____
_____	Fee _____
_____	Fee _____
Subtotal \$ -	

<input type="checkbox"/> Information Disclosure Statement		
---	--	--

<input type="checkbox"/> PTO Form 1449	Pages _____	
<input type="checkbox"/> Copies of Cited References _____		
<input type="checkbox"/> Other _____		
Fee _____		
Subtotal \$ -		

<input type="checkbox"/> Response to Notice to Comply (with copy of Notice to Comply)		
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<input type="checkbox"/> Sequence Listing Certification	Pages _____	
<input type="checkbox"/> Paper Copy of Sequence Listing	Pages _____	
<input type="checkbox"/> Diskette in computer-readable format		
<input type="checkbox"/> Other _____		Fee _____

RECEIVED